

**CITY OF SHEBOYGAN HOUSING AUTHORITY
APPLICATION**

611 N. WATER ST., P.O. BOX 1052, SHEBOYGAN, WI 53082-1052
920-459-3466

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

1. Fill out entire application in ink pen. You must complete the entire application, including social security numbers for all household members who have them, dates of birth, and a mailing address. Incomplete applications or applications filled out in pencil will be returned.

2. Read the descriptions of the priorities and check those that apply to you.

6. All applicants will be contacted by mail and notified when their name comes near the top of the list. If you move, please contact us with your new address.

You may drop off
Your application between **8:00 a.m. - 4:30 p.m.** or
mail it to the address listed above.

EQUAL OPPORTUNITY HOUSING

03/14/12

SHEBOYGAN HOUSING AUTHORITY

APPLICATION

Please mark all waiting lists you wish to apply for:

Public Housing - Public Housing are apartments and houses owned by the Housing Authority that we rent to tenants for approximately 30% of their gross income. These are located in various parts of Sheboygan. Georgia Avenue units with 2 or 3 bedrooms are available to families with minor children.

- ____ Wasserman Building
____ Tamarack House
____ Rochester Springs, Sheboygan Falls **(Elderly/Disabled ONLY)**
____ Park Plaza
____ Georgia Avenue **(Family Units)**

Section 8 - Section 8 is rental assistance to a private landlord. The Housing Authority pays a portion of the rent tenants pay approximately 30% of their gross income for their portion of the rent. Participants are responsible for finding their own unit.

HEAD OF HOUSEHOLD INFORMATION

Name: _____ Social Security # _____
(Last) (First) (Middle)

Birthdate _____ Sex _____ Age _____ Street Address _____ Apt # _____

City: _____ State: _____ Zip Code: _____ Phone # _____

Mailing Address (If different from above): _____

List all other family members:			Birth Date	Relationship	Sex M/F	Age	Social Security Number
First	Name Middle	Last					

Bedroom
Size:

Date/time stamp

03/14/12

INCOME

List **all** sources of income including employment, cash income, W-2, social security, SSI, disability or unemployment compensation, alimony, child support, etc. This includes income you receive for a child such as SSI, food stamps, etc. ***IF someone is helping you with monthly expenses, food, utilities, car payments or other cash payments, you must list it below.***

Family Member	Source of Income	Amount Received	How Often

List all assets and asset value for your household:

Savings Account \$_____ Checking Account \$_____ Real Estate \$_____ Cash on Hand \$_____
Certificate of Deposit \$_____ Stamp/Coin Collection \$_____ Collector Cars _____

PRIORITY QUALIFICATION: Check as many as apply.

_____ **Displaced by federal, state, or local declared disaster within the last 6 months.** *Government disaster documentation required.*

_____ Your income falls between 0% - 30% of Sheboygan County Median Income

_____ **Sheboygan Resident for 6 months or longer:** You LIVE, WORK or attend SCHOOL within the city limits of Sheboygan, Wisconsin. ***Verification showing where you live, work or attend school is required at time of interview***

_____ **Handicapped accessible UNIT required:** Check here if you need a unit with handicapped fitted restrooms, wider doorways, no stairs, and a ramp. ***Verification by a medical professional is required.***

_____ **Participant in program for victims of Domestic Violence** *Verification by a DV program director is required AND documentation of a pattern of abuse within the last 6 months. Verification must include one of the following: police reports, hospital records, counselor records, or HUD-50066 form. Verification required at time of application.*

_____ **Currently Homeless.**

PROGRAM INFORMATION:

Have you ever participated in a rental assistance or public housing program? _____ If
yes, where and when did you participate? _____

History of Applicant/Co-Applicants:

Have you or any household member over seventeen years old ever been convicted of a crime
other than a traffic ticket? _____ Yes _____ No

If yes, List here. _____

(If you run out of space use notebook paper and send with application.)

Maiden name or other names used by any members of the household _____

Are any members of your household handicapped or disabled? _____ If so who _____

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department of Agency of the United States as to any matter within its jurisdiction.

Signature:**Date:**

RACIAL GROUP IDENTIFICATION: The following information is required for statistical purposes so the Department of Housing and Urban Development may determine the degree to which minority families utilize its programs. The categories have been defined by HUD. Hispanic is defined as an ethnicity; races are defined as White, Black/African American, Asian, and Native Hawaiian/Pacific Islander.

**Check ALL races that apply to each person in your household.
Circle Yes or No to identify if each person in your household is Hispanic.**

List family members, including yourself	Race				Ethnicity	
	White	Check <u>all</u> that apply			Circle one	
Name		African American	Asian	Native Hawaiian/ Pacific Islander	Is this person also Hispanic?	
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO

